

Disability Services Commissioner

# 2013 Annual Report



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Melbourne, Victoria

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570 Bourke Street, Melbourne.

Disability Services Commissioner

# 2013 Annual Report

We invite you to read *Our year in review 2013* and the spring editions of our newsletters, which are complementary to this annual report. These capture our summary reflections on the activities and achievements of the Victorian disability sector and the experience of people with a disability, service providers and our team regarding complaints raised and handled in the past year.

[www.odsc.vic.gov.au](http://www.odsc.vic.gov.au)

Stories in this report are composites of complaints and other de-identified experiences people have brought to us, which are representative of their dealings with our office during the year in review.

5 August 2013

The Hon. Mary Wooldridge MP  
Minister for Disability Services and Reform  
Level 22, 50 Lonsdale Street  
Melbourne VIC 3000

Dear Minister

In accordance with section 19 of the *Disability Act* 2006, I am pleased to provide you with the Disability Services Commissioner's annual report for the year ended 30 June 2013.

Yours sincerely

A handwritten signature in black ink that reads "L. Harkin".

Laurie Harkin AM  
Disability Services Commissioner

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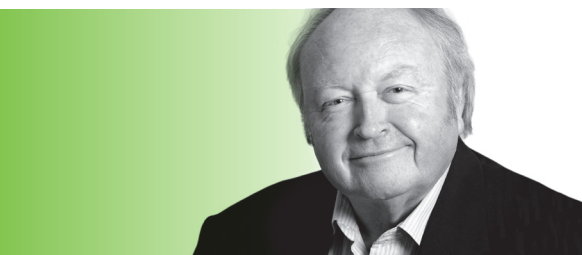
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Establishment of service user committees, complaints and quality officers, and collaborating with other agencies to obtain feedback have created a greater level of organisational transparency and awareness.

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*Key theme related to changes in complaints systems over the last five years – Commissioner statewide visits.*

# From the Disability Services Commissioner



**The end of our sixth year provides the opportunity to review and re-confirm the longer term directions of our office. Our *Strategic directions 2012–15* identifies our core purpose as being to contribute to a society that is fearless in speaking up and to solve problems with an attitude of mutual respect.**

We continue to improve the ways we raise awareness that *It's OK to complain!* and support the sector to grow in this regard. We developed a new AAA accessible website and reinvigorated our approach to social media. Most recently our guide on resolving complaints for service providers, *Everything you wanted to know about complaints...* was launched at the National Disability Services Victorian State Conference 'The Future is NOW'.

In the past year I visited over 280 service providers and met with members of boards, management, staff, families and people who use disability services. We have been encouraged to hear about organisational change that emphasises people's voices, not only to complain, but to be heard across all dimensions of the organisation. These visits have confirmed a continuing cultural shift in understanding the value of complaints and a willingness to embrace a positive complaints culture.

We have seen sustained high levels of services reporting complaints, which provides valuable insight into areas for improvement. A common theme of complaints to service providers and complaints being dealt with by our office is the renewed focus on the importance of person-centred approaches in service delivery and the value of proactive and effective communication in support and service planning. The past year also saw the introduction of funded

and contracted services being required to report their complaints to our office, which was previously out of scope. We are encouraged by their willingness to work with our office to improve their complaints management practice.

In the past year, following referral by the Hon. Mary Wooldridge MP the Minister for Disability Services and Reform, we have undertaken additional responsibility in relation to safeguarding Victorians with a disability. By way of independent review and monitoring of alleged incidents of staff-to-client assault, we were able to provide Minister Wooldridge, the Secretary of the Department of Human Services and service providers with advice on practice and process changes to uphold the wellbeing, safety and rights of people with a disability involved in these incidents.

We are both humbled and pleased that our work has been acknowledged by colleagues nationally and internationally. Highlights include delivering the keynote address at the New Zealand Health and Disability Commissioner's 3rd National Disability Conference; further refinement of our Annual Complaints Reporting Tool for use by the NSW Department of Family and Community Services; and our resources significantly informing DisabilityCare Australia's operational guidelines on complaints and feedback.

In February 2013 I addressed the Senate Community Affairs Legislation Committee Inquiry into the National Disability Insurance Scheme draft legislation. We drew upon our learnings from over 10,000 matters (around 6,500 reported by service providers and about 3,500 made to our office) to express our view that an independent complaints process is necessary to uphold people's rights and the integrity of person-centred processes and to drive service efficacy and systemic improvement. We will continue to speak to the importance of, and contribute in a tangible way to, the development of a national framework for complaints handling and safeguards.

We are pleased that the current safeguards in Victoria will be maintained for participants in the Barwon launch of DisabilityCare Australia. Participants will be able to make a complaint to our office about disability supports funded by DisabilityCare Australia and can contact our office for information and assistance.

In our work we strive to ensure that our processes in dealing with complaints both protect and enforce the rights of people with disabilities. We continually refine and enhance our approaches to achieve the best possible outcomes for people with a disability. Our office uses a range of approaches to complaints resolution, which we adapt to each particular case and the needs of those involved. Through our complaints resolution and capacity development work we continue to reinforce the need for people to be heard and to be empowered to use their right to have a say in the provision of disability supports.

In conclusion, I record my appreciation for the professionalism and dedication to continued improvement shown by the staff and I particularly thank them for this. I also thank Ms Tricia Malowney, President of the Disability Services Board and all board members for their passion, expertise and contribution to our work.

I acknowledge and thank Minister Wooldridge for her continued support and commitment to the work of our office.

**Laurie Harkin AM**  
Disability Services Commissioner

# From the Disability Services Board President



**The conclusion of the financial year also marks the end of the tenure of the second Disability Services Board, which has continued to place the needs of Victorians with disabilities at the centre of our work.**

In this last year board members have been involved in a number of ways with the work of the Disability Services Commissioner. These have included:

- chairing the Annual Complaints Reporting Reference and Advisory Group, which has been formed to provide advice to the Commissioner
- participating in the Family Engagement Project
- providing input into the *Strategic directions 2012–15*
- participating in the Systemic Working Group on In-home Personal Support
- participating in recruitment to all positions at the Office of the Disability Services Commissioner
- promoting the work of the Disability Services Commissioner
- promoting that *It's OK to Complain!*

While Victoria's *Disability Act* 2006 determines the functions of the Board, it is through the membership of the Board that we are able to provide a service to Victorians with disabilities. The expertise and commitment of the Board has ensured that we have been able to work closely with the Disability Services Commissioner to achieve better outcomes and to assure the rest of Australia that this is the complaints model of choice.

In reflecting on the past six years I have been President I am proud to say that, through the Board's participation, the work of the Disability Services Commissioner is better known throughout the community. This was made clear at a forum in Pakenham, attended by over 100 Victorians with disabilities, their families and service providers to hear about what DisabilityCare Australia would mean to them. I assisted many attendees with intellectual disabilities to formulate the questions they wanted answered.

A young man who was timid, and adamant at first that he did not want to ask a question, eventually stood up and asked Senator Jan McLucas 'Will it still be *OK to Complain?*' There was spontaneous applause from the room. At that moment it was evident that accessible and effective complaints processes, combined with education, have ensured that Victorians with disabilities, their families and service providers have and expect better outcomes.

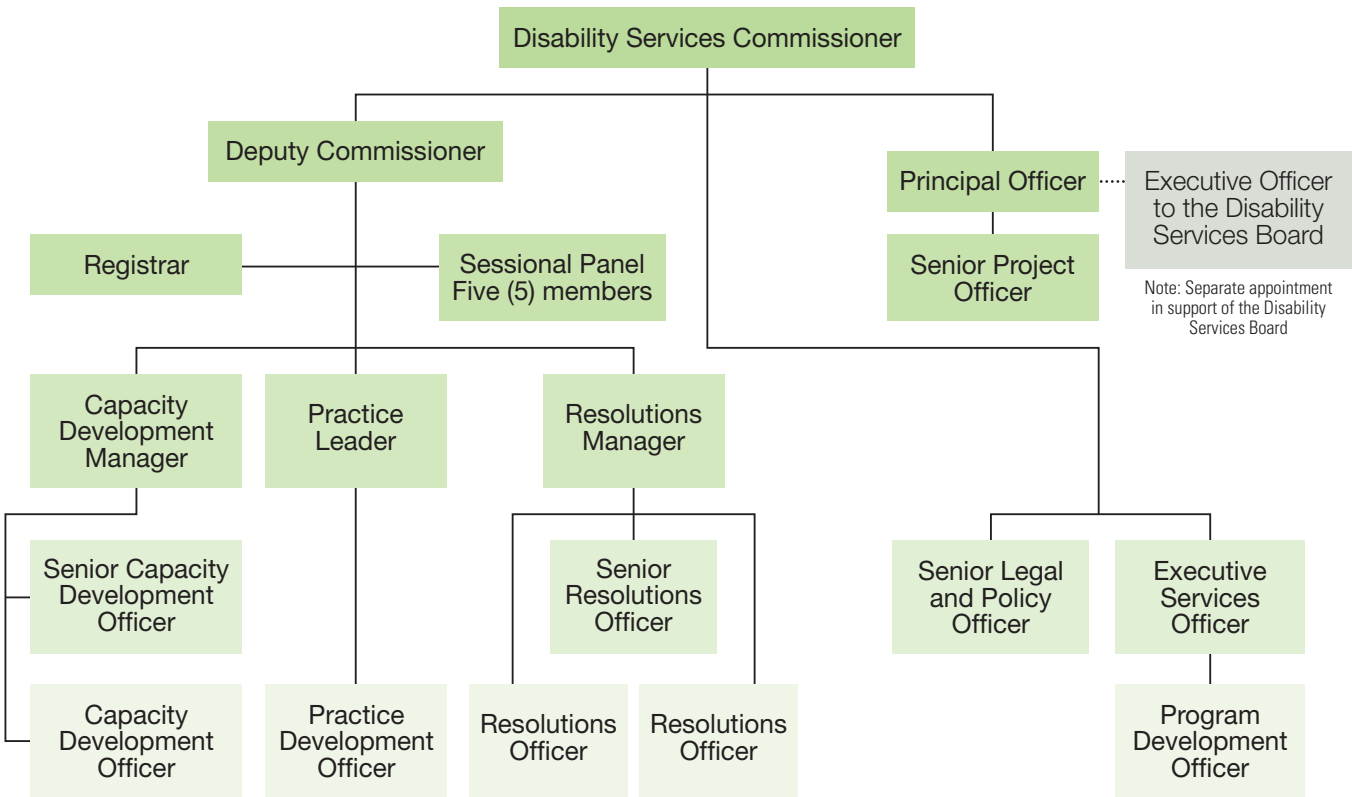
***It's Ok to Complain!* and always should be.**

**Tricia Malowney**

President, Disability Services Board

# About the Disability Services Commissioner

## Our organisational structure



13.6 = FTE as at 30 June 2013    17 = Number of positions    5 = Number of sessional conciliators/investigators

### Our Values



**Fairness    Respect    Rights**

### Our Principles



**Accessible    Accountable    Excellence    Person-centred    Responsive**



# Summary of our performance

## Key activities, achievements and directions

Supporting people and raising awareness	
<b>Accessibility</b>	We released our new AAA accessible website <www.odsc.vic.gov.au> in December 2012 and increased our complaints accessibility by using online and social media tools like Facebook, Skype and FaceTime. We developed three new plain English information sheets about complaints, provided a plain English version of <i>Strategic directions 2012–15</i> and continued to produce our quarterly plain English newsletter <i>Speaking up</i> .
<b>Newsletters</b>	We distributed four standard and four plain English newsletters, each of which was distributed to over 1,200 individuals, groups and organisations.
<b>Online</b>	At 30 June 2013 we had 15,686 visitors to our website <www.odsc.vic.gov.au>, 212 followers on Twitter @ODSCVictoria and 262 likes on Facebook.
<b>Sponsorship</b>	We sponsored four events aimed at promoting people's ability to express their views and opinions about what is working and not working with their supports.

Communication and learning	
<b>Expos, education and information</b>	We delivered 84 presentations and training sessions to 2,128 people – 475 people with a disability, 303 family members and carers and 1,350 staff from service providers. We participated in eight Victorian conferences and events and presented at six national or international conferences on DSC's approach to complaints resolution and safeguarding people's rights.
<b>Feedback and evaluation</b>	Of people who responded to our evaluation survey, 93 per cent of people who made a complaint and 84 per cent of service providers reported high levels of satisfaction with our complaints resolution process. People reported the process as being supportive, well explained, timely, effective, objective, fair and person-centred.
<b>Learning from complaints</b>	Service providers reported 844 'lessons learnt' from the 1,740 complaints reported and 509 key lessons for sector learning.
<b>Publications</b>	We produced the booklet <i>Everything you wanted to know about complaints...</i> and a second edition of our <i>Good practice guide and self-audit tool</i> .
<b>Products</b>	We distributed over 14,500 products and promotional materials including our revised standard and plain English brochures, information sheets, our <i>Everything you wanted to know about complaints...</i> booklet, postcards and magnets.

Safeguarding, knowledge and influence	
<b>Annual complaints reporting</b>	Our Annual Complaints Reporting Tool has been adapted for use by the New South Wales Department of Family and Community Services.
<b>Resolving complaints in DSC</b>	908 new enquiries and complaints were received (approximately a 10 per cent increase). A total of 934 matters were dealt with, including 26 matters carried forward from 2011–12. Ninety-two per cent of in-scope complaints achieved positive outcomes, with 71 per cent fully or substantially resolved and 21 per cent partially resolved.
<b>Submissions and consultation</b>	We made five submissions and provided advice on 17 guidelines, legislative provisions or policies. We provided consultancy about DSC's complaints resolution model to six other jurisdictions and to DisabilityCare Australia.
<b>Incident reporting</b>	We reviewed 281 category 1 incident reports as part of the referral for advice from the Minister for Disability Services and Reform and provided advice to the Department of Human Services and service providers on their approach to safeguarding clients' rights and wellbeing.

## Summary of our performance

22

contributions to inquiries, submissions, research and policies

100%

of service providers submitted their annual complaints report

2,128

people participated in our training

7

memberships on reference groups and research partnerships

6

conference presentations

### Contributions to inquiries, submissions, research and policies

#### Policy consultation and feedback

- Victorian Health Services Commissioner  
*Health Services (Conciliation and Review) Act 1987*
- Victorian Equal Opportunity and Human Rights Commission
  - Strategic plan
  - Operation of Victoria's *Charter of Human Rights and Responsibilities Act 2006*
- Victorian Office of the Public Advocate
  - Consultancy review of the Office of the Public Advocate
  - Contribution to the development of the *Interagency guideline for addressing violence, neglect and abuse (IGUANA)*
- Northern Territory Health and Community Services Complaints Commission
  - Contributions to disability complaints publications
- Department of Families, Housing, Community Services and Indigenous Affairs
  - *National standards for disability services* (facilitated by the Victorian Department of Human Services)
  - Submission to the *Proposed national framework for reducing the use of restrictive practices in the disability service sector*
- DisabilityCare Australia
  - July 2012: Safeguards
  - September 2012: Submission to *Defining eligibility and reasonable and necessary support*
  - October and November 2012: Submission to the exposure draft of the National Disability Insurance Scheme Bill 2013
  - January 2013: Submission to the National Disability Insurance Scheme Bill 2013
  - February 2013: Provision of evidence at the Senate Community Affairs Legislation Committee Inquiry into the National Disability Insurance Scheme Bill 2013
  - March 2013: Submission to the National Disability Insurance Scheme draft rules
  - May 2013: DisabilityCare Australia feedback management system (framework, policy and procedures)
- Victorian Department of Human Services
  - July 2012: Information sheets on amendments to the Disability Act
  - August 2012: *Information sheet 11: complaints about disability services*
  - September 2012: *Responding to allegations of physical or sexual assault: departmental instruction*
  - October 2012: *Residential services practice manual: 3rd edition*
  - January 2013: *Update of Flexible Support Package guidelines: strengthening self-directed approaches – discussion paper*
  - March 2013: Evaluation of self-directed approaches in Victoria
  - June 2013: Development of safeguarding framework and work plan

## Summary of our performance

### Membership on reference groups and research partnerships

- Latrobe University
  - Cultures of Respect in Group Homes research study partner
  - Justice in Mediation Research Advisory Group
- Standards Australia
  - Revision of Australian Standard for Complaint Handling Working Group
- LEADR Association of Dispute Resolvers
  - Joint convenor of new special interest group on statutory alternative dispute resolution
- National Health and Disability Commissioners Working Group
  - on Conciliation Standards
- Victorian Equal Opportunities and Human Rights Commission
  - People with Disabilities as Victims of Crime Project Reference Group
- Victorian Department of Human Services
  - Office of the Senior Practitioner Roadmap Reference Group

### Conference presentations

- 22nd Annual SOCAP Australia International Symposium (August 2012)
- National Mediation Conference (September 2012)
- Having A Say Conference – three presentations (February 2013)
- Pacific Regional Conference on Disability (April 2013)
- National Disability Services Victoria State Conference – Keynote address (June 2013)
- New Zealand 3rd National Disability Conference hosted by the Health and Disability Services Commissioner – Keynote address (June 2013)

### Consultancy or presentations on the Victorian model and approaches to complaints resolution

- South Australian Health and Community Services
  - Complaints Commissioner
- Northern Territory Health and Community Services
  - Complaints Commission
- Victorian Health Services Commissioner
- New South Wales Ombudsman
- DisabilityCare Australia
- New Zealand Health and Disability Commissioner
- Victorian Mental Health Complaints Commissioner project team

### Notices of Advice in accordance with section 17(1) of the Disability Act

A total of 35 Notices of Advice were provided by the Commissioner on matters arising from complaints. These included 17 Notices of Advice to service providers, 13 Notices of Advice to the Department of Human Services and 5 Notices of Advice to people who made complaints to DSC. The Notices of Advice identified actions to respond to specific issues, and advice on policy and systems issues to support service improvements within organisations and the sector.

Boards of management are using complaints information, investing in organisational structures that promote positive complaint cultures and engaging with service users to identify priorities and directions.

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*Key theme related to changes in complaints systems over the last five years – Commissioner statewide visits.*

# Promoting rights, change and building capacity

We all expect to be able to speak up when we are not happy with a service we have received. While the shift to person-centred supports has seen an increased focus on the right of people with a disability to have a say when they are not happy with their supports, our experience suggests that the disability sector is still some way off the majority of people having the confidence to exercise this right.

During 2012–13 we undertook training with 48 organisations and groups. The training focused on their role in encouraging people to speak up about any concerns with the services they receive and how best to respond when concerns are raised with their organisation. A total of 2,128 people attended DSC training and information sessions throughout the year. Demand for our Responding Effectively to Complaints workshops continued to outstrip the places available. This is just one sign of the increasing awareness among service providers of the importance and value of dealing effectively with complaints.

Based on recurring themes arising from complaints brought to our office, in 2012 we began work on the Family Engagement Project, which is aimed at supporting service providers and families to work more effectively together. In conjunction with the Family Engagement Reference Group, made up of families, service providers, advocates and academics, we developed a set of principles that have already received overwhelmingly positive feedback from all relevant stakeholders. We look forward to continuing to work with the sector in using these principles as the basis of future resources for use by both service providers and families.

**‘People need to respect you.’**

*Person with a disability*

**‘It made me think about our situation and whether we are too satisfied, too often.’**

*Family member of a person with a disability*

**‘Great session – informative and interesting speakers. Generated a lot of conversation and questions.’**

*Service provider staff member*

**‘Be brave enough to complain ...’**

*Service provider staff member*

**‘I am more confident in myself knowing that I can deal with a complaint. [It is] less stressful knowing that complaints can be seen as positive ... to improve systems and processes.’**

*Service provider staff member*

**‘The case practice exercise was very useful and a good reminder to be aware of how to acknowledge and respond to complaints.’**

*Service provider staff member*

There is wide use of DSC’s Four A’s of complaints resolution and the message that *It’s OK to complain!* to educate staff that complaints are a way to provide better service, and not a personal criticism.

*Key theme related to changes in complaints systems over the last five years – Commissioner statewide visits.*

The Four A’s of successful complaint resolution:

**A**cknowledgement  
**A**nswer  
**A**ction  
**A**pology

# Safeguarding people's rights to be free from abuse

Promoting, protecting and advancing the rights of people with a disability are key objectives of DSC's work and strategic directions for 2012–15. DSC has promoted approaches for preventing and responding to staff-to-client abuse in disability services through the release of our occasional paper *Safeguarding people's right to be free from abuse*. These approaches have been reflected in DSC's responses to complaints about alleged abuse and unexplained injuries, and underpin DSC's role in reviewing incident reports.

In response to a referral for advice from the Minister for Disability Services and Reform under section 16(c) of the Disability Act, DSC has been providing independent review and monitoring of incident reports relating to allegations of staff-to-client assault and unexplained injuries since June 2012. From August 2012 this arrangement was extended to include disability services provided by community service organisations.

Through this referral, DSC provides advice to the Minister for Disability Services and Reform, the Secretary of the Department of Human Services and service providers on the extent to which:

- incident reports and associated processes address the wellbeing, safety and rights of people with a disability involved in incidents
- approaches recommended by DSC in relation to incident reporting, Quality of Support Reviews and safeguarding have been implemented.

This advice may be provided in relation to individual incidents as well as advice on themes and issues identified from DSC reviews.

In 2012–13 DSC reviewed 281 incident reports and identified a number of key themes relating to compliance with incident reporting requirements and attention to the rights and outcomes for the person. Other systemic issues raised include the need for proactive engagement with Victoria Police, attention to the contextual and cultural factors associated with incidents and the need to regulate the suitability of staff to work in disability services.

DSC's experience of providing independent review and monitoring of these incident reports has confirmed the importance of such reviews for safeguarding people's rights and informing effective prevention and response strategies. For example, where DSC has asked questions on the support provided to enable the person to convey their account of an incident or allegation, this has prompted service providers to engage the support of advocates, family members and communication aids and assessments. DSC's reviews have also raised questions about the quality and rigour in investigations of incidents in terms of the methods employed, level of independence and the extent to which these processes have addressed the experience and outcomes for the person.

Through raising these questions and providing advice on specific issues DSC aims to promote improved practices and responses to future incidents by service providers, and to inform the work being undertaken by the Department of Human Services to strengthen existing safeguards and to address current gaps.

## Shelly's story: Investigation of injury

**Shelly** lives in Supported Accommodation and uses an Individual Support Package to access the community with support from another funded service provider. When visiting Shelly one day, her parents noticed she had bruising around her chin. Shelly has limited verbal communication skills and was unable to tell them what had happened. They were informed by a staff member that it was not known how the bruising occurred but that an incident report had been completed. Another concerned staff member later informed Shelly's parents that the incident report had not been submitted to the Department of Human Services. Shelly's parents contacted DSC, concerned that their daughter may have been assaulted and that the service was not taking the matter seriously.

Through DSC's assessment of the complaint, it became apparent that the service was not clear on their obligations in reporting critical incidents. DSC supported the service to develop an investigation plan, which included staff interviews, a file review and a forensic medical report. Shelly's parents were included in the investigation process and Shelly was supported to give her account of what may have caused the injury. It became clear that Shelly would benefit from communication aids and staff having a better understanding of her communication needs, and it was agreed that this would be addressed through a referral for a communication assessment.

Although the outcome of the investigation was that Shelly's injury remained unexplained, Shelly's parents were satisfied with the investigation and that Shelly would be better supported in the future to communicate any concerns or adverse events. In response to advice from DSC the service also developed a more robust investigation process and is now clear about their obligations in reporting incidents.



# Learning from complaints

## Trends and issues

### 1

#### Communication Issues

##### Trends

Communication continues to be identified as a key issue in complaints to DSC and those reported by service providers. In 2012–13 communication issues were identified in more than 39 per cent of all enquires and complaints made to DSC and in 30 per cent of complaints reported by service providers. The need to work on improved relationships and communication with families continues to be identified by both DSC and by service providers as a key learning from complaints.

##### Observation, initiatives and developments

- The need for effective and proactive communication was a theme in 20 per cent of lessons learnt from complaints reported by service providers.
- DSC has continued to promote the 'Four A's' of responding effectively to complaints, which focus on communication skills and the importance of providing effective acknowledgements, answers, action and apologies.
- DSC's Family Engagement Project has engaged service providers, family and carer groups, advocacy groups, peak bodies and other stakeholders in the development of policy principles, and the office will be working on resources for service providers, people with a disability and their families in the coming year.

### 2

#### Support planning

##### Trends

Issues relating to concerns about a service provider meeting a person's support needs continue to be identified as a key issue in complaints to DSC and those reported by service providers. These issues often sit behind the concerns raised about service quality and standards, which feature in the highest proportion of complaints made to DSC and reported by service providers.

##### Observation, initiatives and developments

- DSC has seen support plans that have significant gaps or lack detail about daily support needs, have not involved the support network or family of the person who the plan is written for, have remained in 'draft' status, have included irrelevant or inappropriate content and have not been reviewed in the timeframe agreed.
- Conversations about how a person wants to be supported – including what is important to and for them – are vital in working through problems together. A number of complaints made to DSC have been resolved by a thorough planning process.
- DSC has provided Notices of Advice to service providers in relation to improving their support planning practices.

# Learning from complaints

## Trends and issues *continued*

### 3

#### Reports of alleged assaults and risks to wellbeing and safety

##### Trends

Increased numbers of complaints relating to alleged assaults, abuse and neglect by staff to people receiving services were received by both DSC and service providers in 2012–13. Seven per cent of complaints to DSC specifically related to alleged assaults or harm by staff (an increase from three per cent), while nine per cent of complaints to service providers also related to specific concerns about intimidation, bullying, abuse or neglect by staff (an increase from seven per cent).

There was also an overall increase in enquires and complaints to DSC from 17 per cent in 2011–12 to 22 per cent in 2012–13 that related to a range of concerns about risks to people's physical or personal health and safety.

##### Observation, initiatives and developments

- This continuing upward trend in complaints about alleged assaults and risks to wellbeing and safety suggests the growing preparedness of people receiving services, their family members and staff to speak up and report issues or incidents of concern.
- DSC has promoted approaches for preventing and responding to staff-to-client abuse in disability services as outlined in our occasional paper *Safeguarding people's right to be free from abuse*. Promotion has occurred through presentations, forums, incident report reviews, advice to the Department of Human Services and service providers and engagement with advocacy organisations about their role in critical incident reporting and safeguarding.
- In 2012–13 DSC commenced work to develop practice guidance for investigations into alleged staff-to-client abuse and incidents of unexplained injuries.

### 4

#### Supported Accommodation

##### Trends

For service providers and DSC, Supported Accommodation continues to be the service type with the highest proportion of complaints.

In the 2012–13 reporting period 39 per cent of all enquiries and complaints to DSC were about accommodation services compared with 38 per cent in 2010–11, and 33 per cent of complaints reported by service providers were about Supported Accommodation compared to 30 per cent for the previous two years.

##### Observation, initiatives and developments

- The issues relating to Supported Accommodation continue to include a wide range of concerns relating to quality of supports, impact of other residents, communication with family members and health and safety concerns.
- DSC continues to highlight the importance of the quality of support plans and person-centred practices for addressing issues that may arise in group homes.
- DSC has contributed to the Department of Human Services review of sections of the *Residential services practice manual*, and is a research partner for a study being conducted by Latrobe University on cultures of respect in group homes.

# Learning from complaints

## Trends and issues *continued*

### 5

#### Out-of-scope enquiries to DSC

##### Trends

DSC continued to receive a significant proportion of out-of-scope enquiries and complaints, although there was a slight decrease from 47 per cent in 2011–12 to 43 per cent in 2012–13.

##### Observation, initiatives and developments

- DSC has sought to increase people's awareness of where they can raise issues that are out-of-scope for DSC by providing referral information on our website, regular articles in newsletters and through protocols with other complaints bodies to facilitate referrals.
- Victoria's *Disability Amendment Act* 2012 broadened the scope of DSC from 1 July 2012, enabling DSC to deal with complaints about advocacy, information services, aids and equipment programs, financial intermediary services and other services to people with a disability funded under the Disability Act.

### 6

#### Cessation of services

##### Trends

An emerging issue identified by DSC in complaints received by our office has related to the impact of service providers ceasing services. At times cessation of service was without enough notice to those affected to enable a well planned transition to a new service or to find another way to meet people's needs. These decisions have a huge impact on the person and often their family. This suggests that service providers need to review the steps they take before making a decision that they can no longer provide service. Keeping a focus on the person who receives services and any impact on them is paramount.

##### Observation, initiatives and developments

- Ceasing services should never be a surprise to the person or their family. Respectful communication during a time of uncertainty is vital.
- DSC provided Notices of Advice to service providers in relation to reviewing their policies and practices for cessation of services.
- The importance of transparent policy and transition planning is particularly important in regional areas, or where there is less choice in services, to ensure people have ongoing support that meets their needs.



## Simon's story: Cessation of service

**Simon** made a complaint to DSC when his service provider gave him one week's notice that they would no longer provide a service to him and did not give him any alternatives. Simon and his family felt angry and upset because he had no one to support him in personal care and accessing community activities.

The service provider explained to DSC that they could not recruit staff with the skills to support Simon as his behaviours of concern were increasing. As it would take time to train existing staff, they had decided they could not support him adequately. Simon and his family told DSC that these reasons for the service provider's decision had not been discussed with them.

DSC requested copies of the service provider's service agreement and their policy on entry and exit of clients. DSC found that although the service provider could cease service, their actions had not been consistent with the quality standards that require service providers to have exit and transition planning processes that involve the client, and to collaborate with other services to meet the client's needs through the transition to another service. As part of the complaints resolution the service acknowledged the distress they had caused by their actions, apologised to Simon, explained why they were unable to continue to support him, and worked with a case manager to identify a new service that could better support Simon.

Through DSC's process, the service provider was able to reflect on the importance of respectful and open communication with clients and their families and accepted DSC's advice on the need to review their practices in relation to cessation of services. Simon and his family felt better after the service provider apologised and explained their decision, and were pleased that his complaint could help prevent the same thing from happening to someone else.

## Service provider reflections on learning from complaints

The 2012–13 complaints reporting process asked service providers to identify the key lessons they had learnt from the complaints process, including observations and areas for improvement for their service and the sector as a whole. The responses to these questions provide insight into the current attitudes and approaches of the sector towards the complaints process. They also help to describe the current culture within the sector around the encouragement of service users and other stakeholders to raise their concerns and complaints in order to facilitate continuous improvement among services and the sector as a whole.

### Suggestions for service improvement and key lessons learnt

Service providers were asked about the key lessons for their service that emerged from each of the complaints that they received. A total of 844 responses were recorded for this question. The main themes are outlined below.

#### 1. The need for effective communication (20 per cent)

In line with previous years, the need for effective and proactive communication was emphasised in both service delivery and responding to complaints. Service providers indicated that they had learnt that ongoing and regular communication is often a key way to address issues underlying complaints and ensure that people with a disability, their families and other stakeholders understand actions or decisions taken in delivering services or when responding to complaints.

*'Keep the lines of communication open and settle differences quickly before they escalate.'*

*'Better consultation with residents before implementing change.'*

This year service providers have identified the importance of core communication skills of listening, checking understanding and engaging in genuine dialogue and consultation to ensure that the views and needs of clients are fully taken into account.

*'Communication can be distorted when people don't take the time to listen to each other and just make assumptions.'*

*'Open, authentic communication promotes trust and confidence in service users and their families or carers.'*

#### 2. Improved person-centred service delivery (12 per cent)

Compared with previous years, there was a considerable increase in the extent to which services identified the importance of person-centred service delivery and person-centred approaches to resolving complaints in 2012–13. This included the importance of understanding and respecting client choices, matching clients appropriately with services and staff, ensuring services are provided in a flexible and responsive manner, ensuring support plans are appropriate and regularly reviewed and respecting the right of people using services to complain.

*'... even when the answers may not be directly available, they can play an important part in helping individuals to navigate towards a solution ...'*

*'Staff need to be aware of clients' changing needs and when this needs to trigger review of their support plan.'*

# Learning from complaints

## 3. Staff training (10 per cent)

Service providers acknowledged the importance of induction training for new staff and ongoing learning. A broad range of training topics were identified by services including enhancement of communication skills, managing inappropriate workplace behaviour and understanding the rights of clients.

*'Induction and ongoing training of staff is very important to ensure all staff remain on the same page and ensure a positive environment for the people we support.'*

*'Staff worker needed some training to improve his communication skills.'*

## 4. Being open to feedback and complaints (7 per cent)

Service providers also indicated the importance of being open and responsive to feedback and complaints and to use them as an opportunity for improvement, including through ensuring that clients understand their right to complain and feel comfortable doing so.

*'The importance of people we support feeling confident to complain.'*

*'Was great that the client felt comfortable to provide feedback and complain about the way a particular task was being done so that we could discuss and put things in place to avoid it in the future.'*

## Suggestions for sector improvement from key lessons

Service providers were asked to identify key lessons learnt from complaints that could apply to the sector more broadly. A total of 509 responses were recorded for this question and mostly highlighted the need for improved communication practices (22 per cent of comments) while also emphasising the need for more staff training (11 per cent), improved person-centred services (8 per cent) and a more effective complaints system (5 per cent). While many of the themes – such as communication and training – were identified as improvements at individual services, an emphasis emerged on services working in greater partnership with people using services and other service providers, and using the expertise of other services in the sector to improve the quality of service delivery. Key comments and suggestions for sector improvement are outlined below.

### 1. Coordinated communication and processes in the sector

The need to coordinate services and processes highlights a systemic issue of the complexity and variation in the service system. The need for effective communication practices where multiple service providers are involved in the support for an individual or family was highlighted as an area for improvement.

*'Working together with other CSOs to develop procedures that everyone can use. Can be confusing for families and people we support if they access a number of organisations that have different procedures.'*

### 2. Using industry professionals in training

Service providers emphasised that it was important for the sector to leverage the input of professionals to improve standards in certain areas (for example, equipment usage and behavioural support).

*'... engaging professionals to train staff in the use of specific equipment for severely physically disabled [people].'*

*'Professional advice when creating behaviour management plans and training will help staff limit and manage behaviours of concern.'*

### 3. Improved person-centred services and responses to feedback and complaints

Service providers acknowledged the need for improved person-centred services and responses to feedback and complaints as key considerations for both their service and the sector, particularly regarding planning and flexibility of service delivery. Several providers emphasised the important role of advocates in ensuring that the views of people using services are heard in decisions.

*'The importance of independent advocates must never be underestimated. [They] serve as an important voice for individual service users ... [they] ensure that their voice is heard.'*

### 4. Positive complaints and feedback culture

Service providers also emphasised that the sector must continue to improve the effectiveness of complaints systems and strive to embed a positive complaints culture across the sector. The timeliness of responses to complaints was seen as a key factor in the effectiveness of complaints resolution processes and to help ensure positive outcomes are achieved for people using services.

# Learning from complaints

## Our reflections on areas for further development

A consistent theme reported by service providers continues to be a focus on communication and the development of cultures where people are supported to speak up about what is working and not working in relation to the supports and services they are receiving.

Over the past three years, the areas for further development that have been reported by service providers and identified by DSC have been increasingly aligned. Reflections by service providers in 2012–13 indicate a heightened awareness of the types of communication skills required to engage in genuine dialogue and provide effective acknowledgements of people's concerns and views. These reflections are consistent with the positive engagement of staff and managers who have attended DSC's training Responding Effectively to Complaints, including the Four A's of successful complaints resolution.

An area for further development that has been identified by DSC through the Family Engagement Project and our work more generally is the need to support both service providers and families to develop approaches and skills to engage in difficult conversations and work through issues of disagreement and potential conflict. DSC will be working on the development of training and resources in these areas over the coming year. DSC will also continue to highlight the importance of person-centred approaches and reviews of support plans as key ways of resolving issues about the quality of supports provided.

## Feedback from people involved in DSC processes

We see every opportunity for a person to speak up as an opportunity to identify ways for people to feel heard and respected in the work that we do. People involved in DSC complaints resolution process, whether as the person making the complaint or the service provider, are provided the opportunity to provide feedback about their experience through our confidential evaluation survey.

The majority of respondents for the 2012–13 year rated working with DSC and our resolution processes as positive (92 per cent), with similar response rates and levels of satisfaction from people making the complaint and service providers. This is a further improvement on the feedback from the previous year (81 per cent positive feedback), which reflects continued refinement to our practice. This reporting year we have developed a range of complaints resolution tools and improved our meeting facilitation practices to make the process more accessible and to ensure all parties have a voice. Based on the feedback received we will continue to find ways to address the fear and stress people experience in raising complaints.

### Feedback on what worked well

***'I was listened to and believed when the odds were against me ...'***

*Family member of a person with a disability*

***'I felt valued, respected and calmer as a result because someone was taking me seriously.'***

*Person receiving service*

***'A good process that worked well for us and the complainant.'***

*Service provider*

***'My complaints were handled very well ... without your great help the problems would not be sorted out.'***

*Person receiving service*

***'At every stage of the process I was clearly informed of my rights and the responsibilities of the service provider.'***

*Person receiving service*

### Feedback on outcomes achieved

Feedback on the outcomes obtained from DSC resolutions process was largely positive, with more people making a complaint reporting satisfaction with the outcomes for the 2012–13 year (74 per cent) than in 2011–12 (54 per cent). The majority of responses highlighted positive gains from the complaints resolution process.

***'The managers became more involved and aware of the problems the clients were facing.'***

*Service provider*

***'We all learnt from the process and the way it was handled.'***

*Family member*

***'The complaint initiated a review of current practices and as a result a number of changes were made to procedures particularly in the area of communication.'***

*Service provider*

***'[The complaint] produced better and clearer documentation of people's support needs ...'***

*Service provider*

***'As a result of the complaint, based on family feedback there has been an improvement in the quality of life for their son [and] clearer lines of communication have been established with the family.'***

*Service provider*

# Resolving complaints to the Disability Services Commissioner

## Overview of DSC complaints resolution

Supporting people with a disability and service providers to find ways of resolving complaints and improving services is a key focus of the work of DSC. We know that resolving complaints informally at the earliest possible point between the person who made the complaint and the service provider can strengthen communication and relationships.

Our approach is to identify solutions that work for everyone. It is important to us to ensure that the person receiving the service is central to the steps taken to resolve the concerns. We use a range of flexible approaches that are designed to meet the following objectives.

- a) The rights of people with a disability are upheld and promoted in the complaint process, particularly the right to quality services and to complain.
- b) The process is person-centred, with a focus on what is important to and for the person with the disability.
- c) The process focuses on ways of improving service outcomes for the person with a disability.
- d) The process respects the ongoing relationship between the person with a disability, their family and the service provider, with an emphasis on earliest possible resolution and creating a better foundation for resolving issues together in the future.
- e) Service providers are assisted to identify opportunities for service improvement through the resolution process.

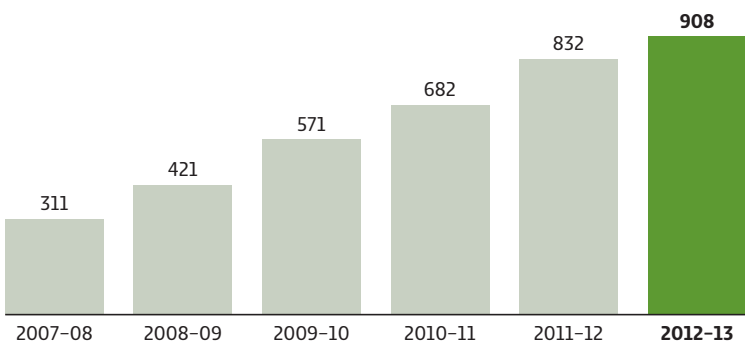
We know that positive relationships are a foundation for the provision of quality services. It is important that we support the person who makes the complaint and their service provider to find ways to resolve the issues together as this is more likely to produce the best long-term outcomes.

## Number of enquiries and complaints

There was a moderate increase of approximately 10 per cent in the number of enquiries and complaints made to DSC in 2012–13 compared to 2011–12, continuing the annual upward trend in the number of enquiries and complaints since the commencement of DSC on 1 July 2007. Figure 1 shows that the overall number of enquiries and complaints made to DSC increased from 832 in 2011–12 to 908 in 2012–13. The number of matters raised with DSC in 2012–13 is now almost three times the number raised in 2007–08.

In addition to the 908 new enquiries and complaints in 2012–13, 26 matters were carried forward from 2011–12, resulting in a total of 934 matters that were dealt with by DSC this financial year. Of these matters, 891 were closed during the year and 43 were still open at 30 June 2013.

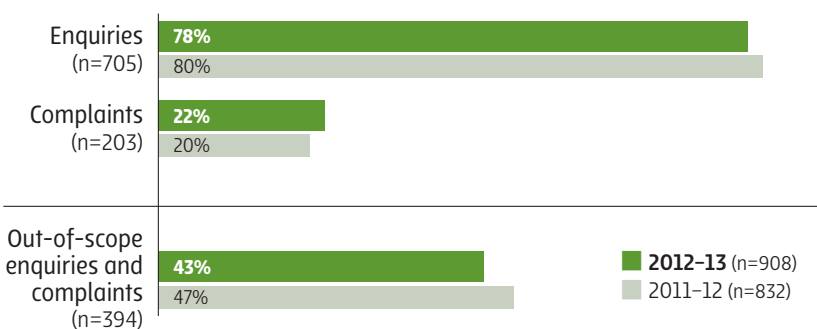
**Figure 1: Total number of new enquiries and complaints**



Of the 908 new matters raised with DSC, 705 matters (78 per cent) were handled as enquiries while 203 matters (22 per cent) were assessed and handled as complaints. These include matters that were assessed as out-of-scope for DSC. Figure 2 shows similar trends for both enquiries and complaints in 2011–12.

This continuing high proportion of matters raised as enquiries with DSC can be attributed to an ongoing focus by staff at DSC on assisting callers and service providers to deal with issues without our direct involvement, along with assistance provided to callers with out-of-scope issues. Enquiries are an opportunity to work with people who may be unclear about their rights or about how to raise an issue with a service provider. DSC assists callers to raise issues directly with their service provider and resolve these issues without making a complaint to DSC.

**Figure 2: Proportion of new enquiries and complaints in 2012–13 and 2011–12**





# Resolving complaints to the Disability Services Commissioner

## Out-of-scope enquiries and complaints

Out-of-scope enquiries and complaints are those outside the power and authority (jurisdiction) of DSC to deal with under the Disability Act. The proportion of enquiries and complaints made to DSC that were out-of-scope decreased from 47 per cent in 2011–12 to 43 per cent in 2012–13. However, out-of-scope matters still continue to account for a substantial proportion of all those dealt with. We have promoted people's access to avenues to address out-of-scope issues through the provision of referral information on our website, regular articles in newsletters and through protocols with other complaints bodies to facilitate referrals.

As in 2011–12 the most common reason for an enquiry or complaint being out-of-scope in 2012–13 was that the service was not a disability service (66 per cent) or the service was a disability service funded by the Commonwealth or by the Home and Community Care program (23 per cent). A further 10 per cent of enquiries and complaints were about issues relating to state-funded disability services that were out-of-scope for other reasons, such as staff grievances or other issues that did not arise from disability service provision.

## Service types and issues

### Service types (in-scope)

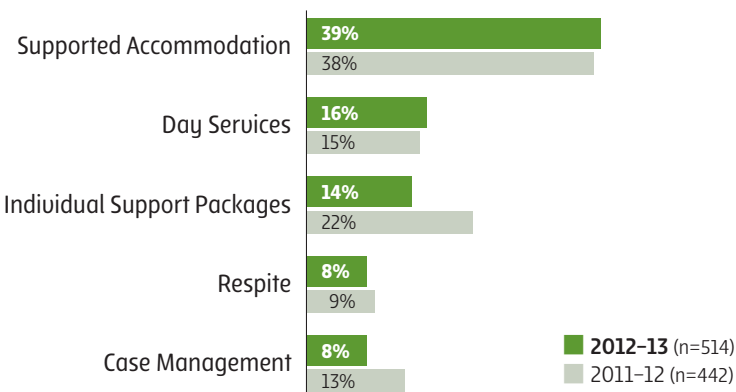
Enquiries and complaints continued to be made about a broad range of service types. Supported Accommodation continued to account for the greatest proportion of in-scope enquiries and complaints (39 per cent) while Day Services accounted for the second greatest proportion (16 per cent) (Figure 3).

There was a decrease in the proportion of enquiries and complaints made about issues related to Individual Support Packages (from 22 per cent in 2011–12 to 14 per cent in 2012–13). These issues relate to administration, assessments and provision of services through Individual Support Packages with the exception of Day Services, which are recorded separately. There was also a decrease in the proportion of enquiries and complaints about Case Management (from 13 per cent to 8 per cent). Respite accounted for 8 per cent of complaints in 2012–13.

Other service types not shown in Figure 3 that accounted for less than five per cent of enquiries and complaints in 2012–13 were Planning (4 per cent) and Flexible Support Packages (4 per cent).

**Figure 3: Enquiries and complaints by service types (top five categories)**

Proportion of in-scope enquiries and complaints by service type accounting for at least five per cent of matters.



The most common systemic issues identified in enquiries and complaints related to:

- the role of families including communication and relationship issues with service providers
- unmet needs of people with a disability, including inadequate or inappropriate access to services and resources
- a lack of person-centred approaches and planning
- the service provider's approach to complaint handling
- workforce issues and concerns about the consistency and skills of staff.

The themes and proportions of these systemic issues were similar to those identified in 2011–12.

# Resolving complaints to the Disability Services Commissioner

## Issues raised in complaints

### Issues (in-scope)

People contacting DSC most often raise multiple issues and concerns. These issues have been grouped into five broad categories as shown in Figure 4. The main issues raised in enquiries and complaints in 2012–13 were as follows.

- **Service delivery and quality standards**

*58 per cent, in line with 60 per cent in 2011–12.*

Most of these issues involved dissatisfaction with the quality of service provided, concerns about physical and personal health and safety and insufficient service or care provided. Specific concerns about physical and personal health and safety issues were identified in 22 per cent of matters. These issues included alleged assaults, abuse, neglect or risks to people using services by staff (7 per cent), by other people using the service such as co-residents (6 per cent) and by the service (4 per cent).

- **Communication or relationships**

*39 per cent, a decrease from 48 per cent in 2011–12*

Largely relating to insufficient communication from providers and concerns about the quality of this communication.

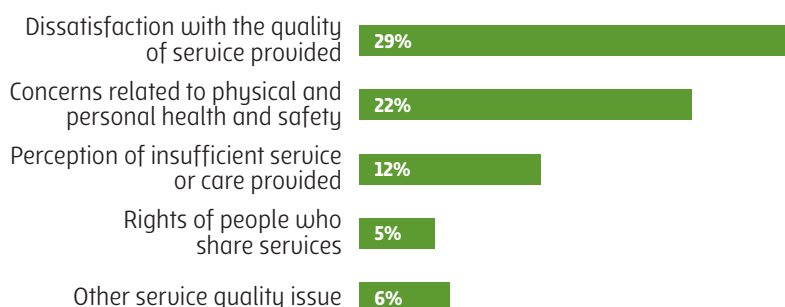
A smaller share of matters related to concerns about providers' policies or procedures (25 per cent, an increase from 21 per cent in the previous year), service access or compatibility (24 per cent) and workforce or staff (17 per cent).

**Figure 4: Types of issues raised in enquiries and complaints\***

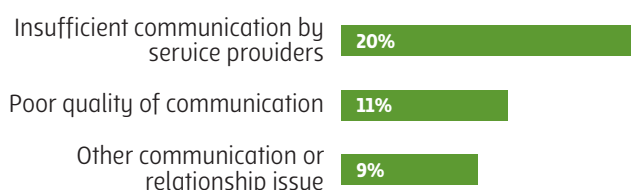
Proportion of in-scope enquiries and complaints with recorded issues (n=514). Multiple issues can occur for each enquiry or complaint and therefore figures do not add up to 100 per cent.

*\*Categories that accounted for less than four per cent of complaints have not been shown in this Figure.*

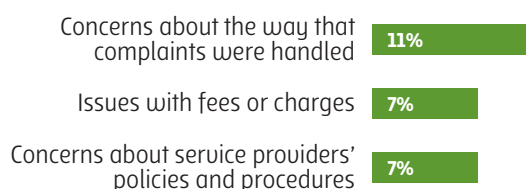
### Service delivery / quality / standards (58%)



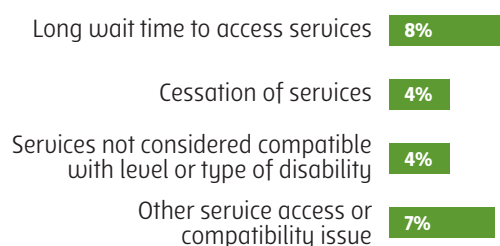
### Communication / relationships (39%)



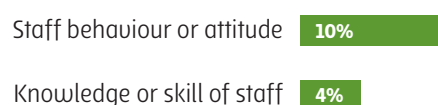
### Policies / procedures (25%)



### Service access / priority / compatibility (24%)



### Workforce and staff (17%)



## Anastasia’s story: Day service transition

**Anastasia** was not happy with her new day service because she was unable to participate in as many of the activities as she had hoped. Her father, George, spoke with the day service manager on Anastasia’s behalf.

The manager told George that Anastasia spent most of her days at the centre because her support needs required one-to-one staff who are trained to attend to her medical needs. George was told that there was often not enough staff to support Anastasia to access the community with a group.

George was not happy with the response from the service and made a complaint to DSC. During DSC involvement, it was acknowledged that the service had not understood Anastasia’s support needs when she first joined their service and they should have sought more information to develop an appropriate support plan for her, which would enable her to access community-based activities. DSC facilitated a meeting between Anastasia, George and the day service manager who was able to respond directly to Anastasia, hear her concerns and apologise that the service should have done more to understand Anastasia’s needs and wishes.

Anastasia and George felt that they had been heard and respected, and accepted the service’s proposals on ways they could work together to ensure that Anastasia receives an improved service in the future.

## Outcomes

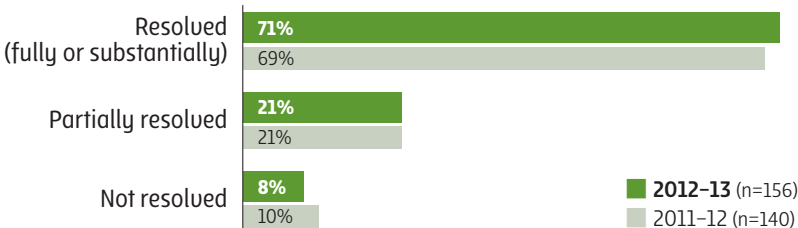
### Resolution rates for complaints

The vast majority of in-scope complaints that were closed in 2012–13 achieved a positive outcome, similar to the previous two reporting years (Figure 5).

**Figure 5:** Resolution rates for in-scope complaints

Proportion of in-scope complaints in 2012–13.

*The figures have been rounded to zero decimal places and may not add up to 100 per cent.*



The majority of matters brought to DSC in 2012–13 were handled within the 90-day assessment period required under the Disability Act with the focus being on the earliest possible resolution of issues. DSC calls this 90-day period the ‘assessment stage’. Where a complaint remains unresolved, DSC will decide whether the complaint should be formally considered. A decision to formally consider means that a complaint may be referred to conciliation or investigation. This referral may be deferred for a period of time to allow further opportunity for the complaint to be resolved by agreement. DSC describes this period as the ‘referral pending stage’. The numbers and outcomes of complaints dealt with in each of these stages are outlined in the sections below.

In 2012–13, a total of 156 in-scope complaints were dealt with and closed either in assessment, referral pending or conciliation stage with 43 still open at 30 June 2013. Seven in ten (71 per cent) of all complaints were fully or substantially resolved, and a further 21 per cent (thirty-three matters) were partially resolved. This means that for 92 per cent of complaints where a resolution was attempted, some form of positive outcome or resolution was achieved. This is in line with the overall resolution rates for 2011–12 where 69 per cent of in-scope complaints were resolved at either the assessment or a later stage, with a further 21 per cent partially resolved at closure, for a total of 90 per cent.

### Assessment stage – outcomes

In the assessment stage 229 complaints were dealt with in 2012–13, which included 203 new complaints and 26 complaints that were carried forward from 2011–12. Forty-three of these complaints were assessed as either out-of-scope (25 matters) or resolution not applicable (18 matters), and 27 matters were still open in the assessment stage at 30 June 2013.

In total, 159 in-scope complaints were dealt with in the assessment stage, with 130 closed at this stage. More than half of the in-scope complaints were informally resolved (57 per cent or 91 matters), and a further 21 per cent (33 matters) were partially resolved. This means that 78 per cent of assessment cases were resolved or partially resolved in the 90-day assessment stage, which is similar to last year’s results (80 per cent of assessment cases were resolved or partially resolved in 2011–12).

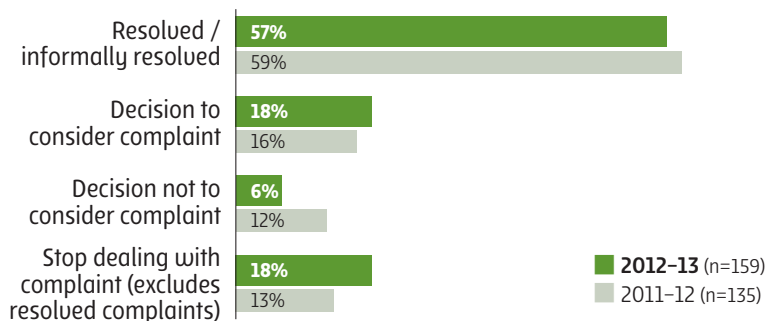
# Resolving complaints to the Disability Services Commissioner

Figure 6 also shows 18 per cent (twenty-nine complaints) were considered for conciliation or investigation, a slight increase from 16 per cent in 2011–12. In the remaining matters, there was a decision either to not consider the complaint (6 per cent, a decrease from 12 per cent in 2011–12) or to stop dealing with the complaint (18 per cent, an increase from 13 per cent in 2011–12). These decisions were mainly due to assessments that no further action was warranted on the particular issues raised, or there were changes in circumstances that warranted that DSC stop dealing with the complaint.

**Figure 6: Outcomes for in-scope complaints – assessment stage**

Proportion of in-scope complaints closed in 2012–13.

*The figures have been rounded to zero decimal places and may not add up to 100 per cent.*



## Referral pending stage – outcomes

A total of 27 complaints were dealt with in 2012–13 in the referral pending stage, including 4 complaints carried forward from 2011–12. For these complaints a decision was made to defer referral to conciliation or investigation in recognition that steps were being taken to address and resolve the complaint through agreed actions with the service provider and facilitation by DSC. Of these 27 matters, 19 were closed in this referral pending stage, with 15 of these resolved and 4 matters partially resolved. There were 2 complaints referred to conciliation and 6 complaints carried forward in the referral pending stage for further action to 2013–14.

## Conciliation stage – outcomes

Similar to 2011–12 (18 matters) 17 matters were referred to conciliation in 2012–13. Of these 17 matters, 4 were resolved, 2 were partially resolved, 1 was unresolved and 10 were carried forward for further action in 2013–14. Conciliations have often involved the consideration of detailed submissions, proposals and the outcomes of reviews or investigations to address the issues of concern.

## Investigation stage – outcomes

No complaints were referred to investigation by DSC in 2012–13. However, in response to DSC's recommendations and setting the terms of reference, service providers undertook investigations, broader service reviews or 'root-cause analysis'. The findings of these investigations or reviews can form the basis of agreements reached on actions to resolve the issues and improve services. DSC have found these approaches to be an effective way of addressing issues of concern and promoting learning from complaints by service providers.

## How complaints were resolved

An ongoing focus of DSC's work has been to develop a range of flexible person-centred approaches to promote the resolution of complaints and improved service outcomes and relationships. Figure 7 shows that the most common ways that complaints were resolved in 2012–13 were similar to those in 2011–12, but the relative proportions of these approaches were slightly different to last year. This reporting year, the two most common ways that complaints were resolved were through acknowledging the views and issues of the person who made the complaint (54 per cent, substantially higher than 44 per cent in 2011–12) and service providers giving information or explanations to answer questions raised by the person who made the complaint (52 per cent, up from 46 per cent in 2011–12). The next most common ways complaints were resolved were through agreements reached on actions to address issues (41 per cent), arranging meetings or reviews with the person who made the complaint or received the service (35 per cent) and the service provider addressing communication issues or misunderstandings (29 per cent). The proportion of complaints where an apology was provided (22 per cent) was substantially higher than in 2011–12 (15 per cent) and 2010–11 (14 per cent).

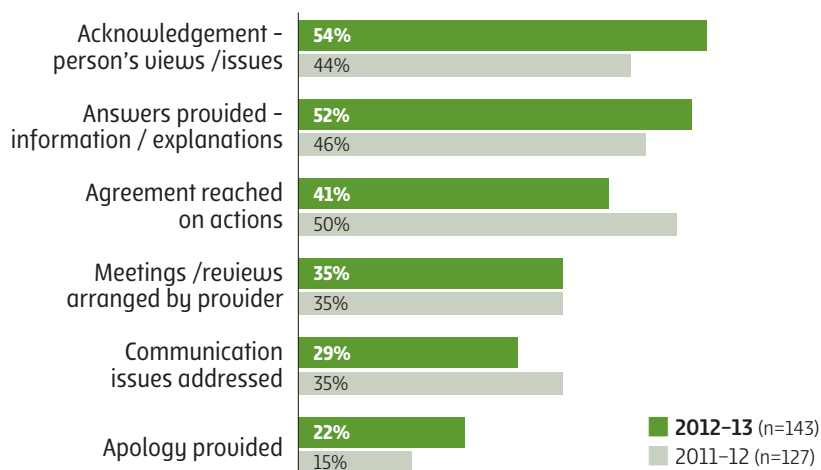
In many cases, a combination of these and other approaches were used to resolve complaints. Service providers are continuing to become increasingly familiar with the importance of the Four A's as a framework for responding to and effectively resolving complaints.



# Resolving complaints to the Disability Services Commissioner

**Figure 7: Most common ways complaints were resolved**

Proportion of complaints resolved at assessment, referral pending and during conciliation. Multiple ways of resolving complaints can occur.

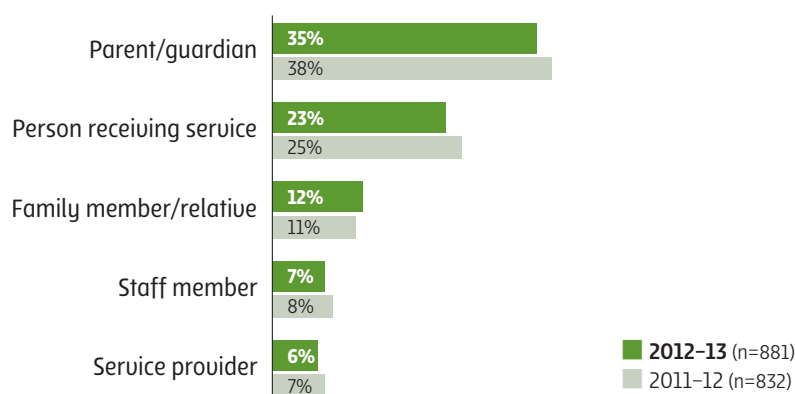


## Characteristics of complaints and people receiving services

### Sources of enquiries and complaints

The profile of people bringing issues to DSC was similar in 2012-13 to 2011-12. Figure 8 shows that the proportion of all enquiries and complaints made directly by people receiving services remained similar at 23 per cent in 2012-13 (25 per cent in 2011-12). The greatest proportion of enquiries and complaints continued to be made by parents and other family members (47 per cent in 2012-13), a similar proportion as in 2011-12.

**Figure 8: Most common sources of enquires and complaints**



### Types of disability

The majority of enquiries and complaints in 2012-13 were about services provided to people with an intellectual disability (58 per cent), with the next most common disabilities being physical impairment (40 per cent) and autism (26 per cent). Similar proportions of people were identified as having sensory impairment (13 per cent), an acquired brain injury (12 per cent), neurological impairment (12 per cent) or a mental illness (12 per cent). Although mental illness is not included as a disability under the Disability Act, the presence of mental illness in combination with other disabilities can be relevant to the issues raised in enquiries and complaints. A smaller proportion of enquiries and complaints were about services to children identified as having a developmental delay (3 per cent).

### Gender and age

Just over half of enquiries and complaints in 2012-13 involved males receiving services (52 per cent) while 45 per cent involved females and 3 per cent involved groups of both males and females. While this is a similar gender profile as that in 2011-12, the age profile contrasts with the last reporting year. Just under half of enquiries and complaints concerned people aged thirty years or under (49 per cent, a decrease from 71 per cent in 2011-12), and 51 per cent of enquiries and complaints were made by people thirty-one years of age or over (an increase from 29 per cent in 2011-12).

# Resolving complaints to disability services providers

## Overview of annual complaints reporting

Disability service providers must report annually to DSC on the number and types of complaints they received and how the complaints were resolved. All registered disability service providers must report in accordance with section 105 of the Disability Act. All contracted and funded service providers must report in accordance with section 106B of the Disability Act. Section 19 of the Disability Act requires that the Disability Services Commissioner produce an annual report, which includes information about the number and type of complaints and the outcome of complaints.

Service providers are concerned about keeping a steady workforce while balancing service user demand, and ultimately, the finances.

*Key theme related to future organisational challenges – Commissioner statewide visits.*

## Complaints received

### Number of complaints

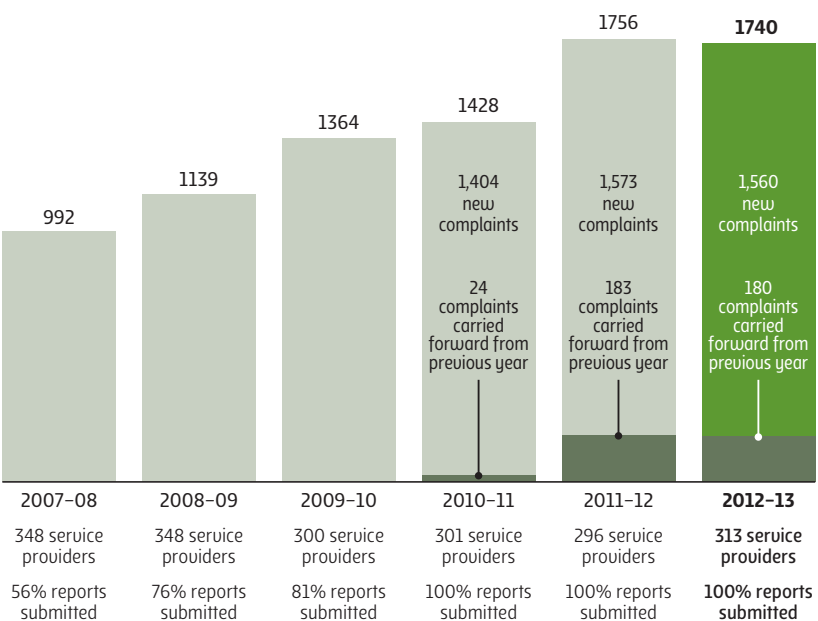
Service providers reported a total of 1,740 complaints in 2012–13, similar to the number of complaints reported in 2011–12. This figure remains substantially above the complaints reported in 2010–11 (22 per cent higher) and a 75 per cent increase in complaints reported in the first reporting year 2007–08.

The 1,740 complaints reported include 180 complaints that were received prior to 1 July 2012 and carried forward into 2012–13 (and therefore were counted as ‘open’ complaints in 2011–12). They also included 244 complaints that were ongoing at 30 June 2013 (and will therefore be carried forward into 2013–14).

The number of new complaints (excluding complaints carried forward from the previous year) was 1,560 in 2012–13. This represents a minimal decline of one per cent from 1,573 new complaints in 2011–12.

**Figure 9: Number of complaints reported by service providers between 2007–08 and 2012–13**

*Data on complaints carried forward prior to 2010–11 was not available.*



### Distribution of complaints among providers

Similar to previous years, a high proportion of complaints were reported by a small number of service providers. While 184 service providers reported at least one complaint in 2012–13, 72 per cent of these complaints were accounted for by the 42 providers that reported ten or more complaints. Of the total number of complaints, 35 per cent were accounted for by 3 providers that recorded over fifty complaints each.

# Resolving complaints to disability services providers

**Table 1: Complaints reporting and compliance (2007–08 to 2012–13)**

	Total 07–08	Total 08–09	Total 09–10	Total 10–11	Total 11–12	Total 12–13
Number of registered service providers	348	337	300	301	296	<b>313</b>
No complaints reported (nil returns)	83 (24%)	144 (56%)	102 (34%)	134 (45%)	123 (42%)	<b>129 (41%)</b>
One or more complaints reported	113 (32%)	111 (44%)	140 (47%)	167 (55%)	173 (58%)	<b>184 (59%)</b>
<b>Total reports submitted</b>	<b>196 (56%)</b>	<b>255 (76%)</b>	<b>242 (81%)</b>	<b>301 (100%)</b>	<b>296 (100%)</b>	<b>313 (100%)</b>
Reports not submitted	152 (44%)	82 (37%)	58 (19%)	0 (0%)	0 (0%)	<b>0 (0%)</b>
Average number of complaints per provider	2.9	3.4	4.5	4.7	5.9	<b>5.6</b>
<b>Total number of complaints</b>	<b>992</b>	<b>1,139</b>	<b>1,364</b>	<b>1,428</b>	<b>1,756</b>	<b>1,740</b>

## Service types and issues

### Service types

Changes were made to the 2012–13 reporting categories to align with funded service activities; however, the overall profile of service activity types subject to complaint remains similar between 2011–12 and 2012–13. The most significant changes were a slight increase in the proportion of complaints about Supported Accommodation (33 per cent, an increase from 30 per cent), a decrease in the proportion of complaints about Individual Support Packages excluding Day Services (from 16 per cent to 12 per cent) and a decrease in the proportion of complaints about Facility Based Respite (from 12 per cent to 6 per cent).

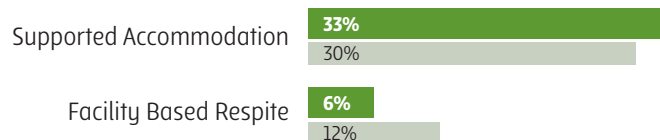
As outlined in Figure 10, Supported Accommodation remains the service activity with the highest proportion of complaints (33 per cent). Within the self-directed support category, the most common service type to receive complaints was Individual Support Packages – Day Services (20 per cent) over all other issues related to Individual Support Packages (12 per cent). There was a broad range of service types represented within the client services and capacity category but only Case Management (9 per cent) accounted for more than 5 per cent of complaints.

Not depicted in Figure 10 are the new service activity options of Aids and Equipment (4 per cent) and Community Based Respite (4 per cent). The most common types of complaints identified in the 'other' category related to the my future my choice program.

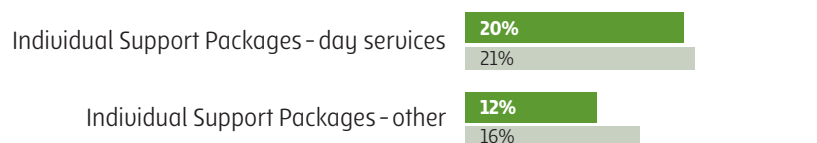
**Figure 10: Share of complaints by service output type and service activity\***  
Percentage of complaints, multiple responses.

*\* Service activity types that accounted for less than five per cent of complaints are not shown in this figure. Services were only able to choose one response option in 2011–12 but could choose more than one option in 2012–13.*

#### Accommodation Support (40%)



#### Self-Directed Support (36%)



#### Client Services and Capacity (30%)



#### Other (4%)



■ 2012–13 (n=1,726)

■ 2011–12 (n=1,750)

# Resolving complaints to disability services providers

## Issues raised in complaints

The main issues raised in complaints in 2012–13 were also among the most common issues raised in 2011–12. Service delivery and quality remain the most predominant issues raised in both years, followed by staff and communication. In 2012–13 there was a notable increase in complaints related to service access and compatibility at 25 per cent, increased from 16 per cent in 2011–12. Figure 11 shows the main issues raised in complaints in 2012–13 were:

- **service delivery and quality (50 per cent)** – generally related to dissatisfaction with the quality of service provided (24 per cent), concerns about physical and personal health and safety (18 per cent) and perception of insufficient care or service provided (10 per cent)
- **staff (41 per cent)** – associated with concerns about staff behaviour or attitude (21 per cent), the skills and knowledge of staff (11 per cent) or discrimination, abuse, neglect, intimidation or bullying by staff (9 per cent)
- **communication (30 per cent)** – related to insufficient communication (16 per cent) and poor quality communication (15 per cent).

**Figure 11: Complaint issues\***

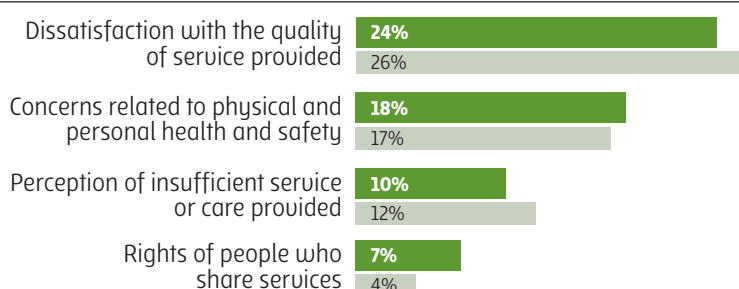
Percentage of complaints. Multiple issues can occur for each enquiry or complaint and therefore figures do not add up to 100 per cent.

\* Categories that accounted for less than five per cent of complaints have not been shown in this figure.

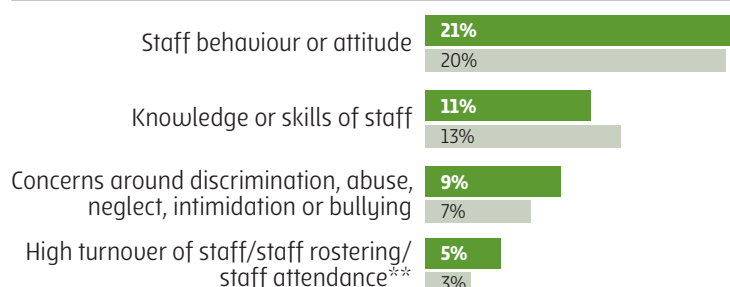
\*\* 2011–12 response option wording: 'High turnover of workers'.

\*\*\* Denotes new response option in 2012–13.

### Service delivery / quality / standards (50%)



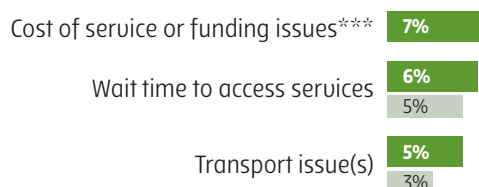
### Staff-related issues (41%)



### Communication / relationships (30%)



### Service access / priority / compatibility (25%)



### Policies / procedures (25%)



### Other (5%)



■ 2012–13 (n=1,731)  
■ 2011–12 (n=1,752)

# Resolving complaints to disability services providers

## How complaints were resolved

### Complaint outcomes

The distribution of complaint outcomes in 2012–13 against the Four A's of successful complaints resolution is shown in Figure 12. Approximately two-thirds of complaints involved acknowledgement of the person's views or issues (64 per cent), just under half resulted in action (46 per cent) and answers (45 per cent) while approximately one-quarter resulted in an apology from the service (26 per cent). Actions most commonly related to performance management, disciplinary action, feedback or training of staff (17 per cent) but also included review of a person's plan (9 per cent), change or appointment of caseworkers (8 per cent), change to existing support arrangements (8 per cent) and changes in policies or procedures (7 per cent).

There was little variation in 'other outcomes' (15 per cent) from those identified in 2011–12, which noted improvements in: the physical environment; facilities or equipment for people with disabilities; better sharing of information between people with disabilities, their friends and family members and staff; and investigation into the reason for the complaint.

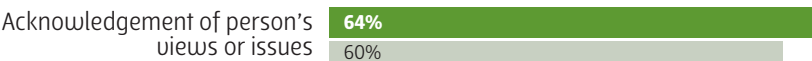
While the profile of complaint outcomes was broadly similar to 2011–12, the most significant increase was in the proportion of complaints that were resolved through answers (from 36 per cent to 45 per cent) and a reduction in the proportion of actions that resulted in staff-related outcomes (from 22 per cent to 17 per cent).

**Figure 12: Complaint outcomes – the Four A's**

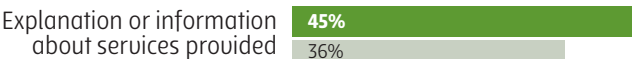
Percentage of complaint outcomes, multiple response.

*\*Denotes new response option in 2012–13.*

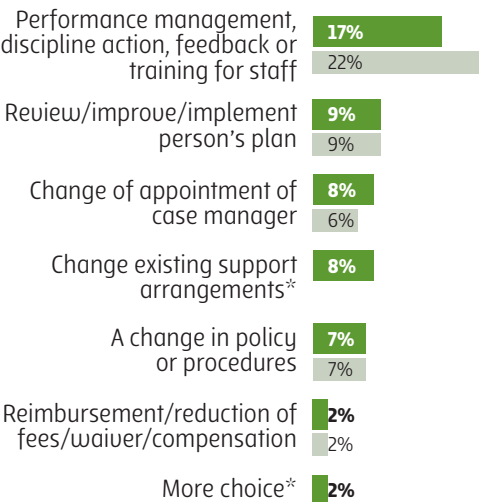
#### Acknowledgment (64%)



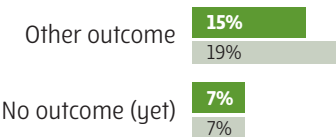
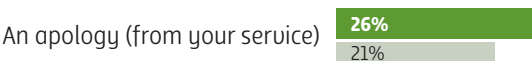
#### Answers (45%)



#### Action (46%)



#### Apology (26%)



■ 2012-13 (n=1,707)  
■ 2011-12 (n=1,671)

# Resolving complaints to disability services providers

## Comparison of complaint outcomes and outcomes sought

Service providers indicated that the outcomes desired by the person who made the complaint matched the actual complaint outcomes in 69 per cent of cases in 2012–13.

People who sought acknowledgement (84 per cent), apology (81 per cent) or answers (74 per cent) were much more likely to achieve these outcomes than those who sought actions (51 per cent).

There was considerable variation in the likelihood of achieving different types of action:

- approximately two-thirds of people who sought a review, improvement or implementation of a person's plan (66 per cent), change or appointment of caseworker (64 per cent) or staff-related outcome (64 per cent) achieved this outcome
- just over one-quarter of people who sought more choice (29 per cent), a change or review of decision (28 per cent) or access to an appropriate service (27 per cent) achieved this outcome.

## Time to resolve complaints

Most of the complaints that were closed in 2012–13 were resolved either within one week (39 per cent) or within eight to twenty days (24 per cent). There was a decrease in the proportion of complaints that were resolved within seven days from 44 per cent in 2011–12 to 39 per cent in 2012–13. Just over one-third of complaints took over twenty days to resolve.

## Status of open complaints

In a similar finding to previous reporting years, complaints were still open at 30 June 2013 most commonly because the complaint was still under review by the service (27 per cent) or subject to ongoing discussion with the person or their family (28 per cent, a decrease from 35 per cent in 2011–12). Assistance with the resolution process has also been sought from DSC (10 per cent, an increase from 5 per cent in 2011–12) or another external body or service (14 per cent). While the number of open complaints that had not yet been subject to action has increased (12 per cent, an increase from 4 per cent) this was often because the complaint had only recently been made.

## Complaints raised with other agencies or authorities

Service providers indicated that 29 per cent of all complaints (whether opened or closed) had been raised with an agency or authority other than their own service – 10 per cent were raised with DSC, 8 per cent with a Department of Human Services local office and 3 per cent with the Department of Human Services central office. There was a range of other agencies or authorities that recorded 2 per cent or less of complaints.

## Resolution rates for complaints

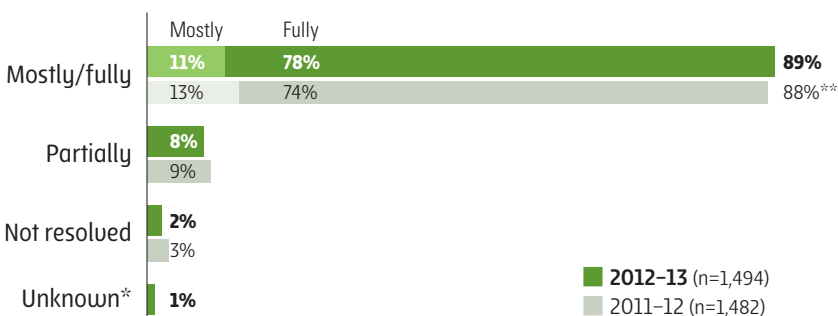
The resolution rates in 2012–13 were very similar to 2011–12. Providers indicated that the vast majority of the complaints that were closed by 30 June 2013 had been either 'fully' (78 per cent) or 'mostly' (11 per cent) resolved, with a further 8 per cent 'partially' resolved. This means that for 97 per cent of complaints some form of positive outcome or resolution was reported. Only 2 per cent of closed complaints were not resolved and service providers were unsure to what extent a further 1 per cent of matters were resolved.

**Figure 13: Extent to which closed issues were resolved**

Percentage of closed complaints.

\* Denotes new response option in 2012–13.

\*\* The sum of 'mostly' and 'fully' adds up to 88 per cent due to rounding in 2011–12.





# Resolving complaints to disability services providers

## Outcomes

### Satisfaction with management of complaints

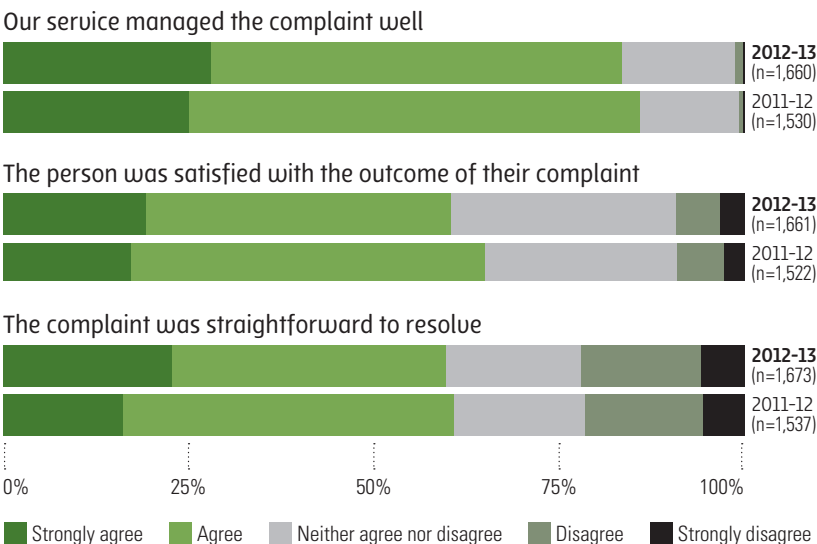
Figure 14 shows that in 2012–13 the majority of service providers (83 per cent) believed that they managed complaints well in the majority of cases, slightly below 86 per cent for 2011–12.

Just under two-thirds of service providers reported that:

- the person who made the complaint was satisfied with the outcome of the complaint (60 per cent, down from 65 per cent in 2011–12)
- the complaint was straightforward to resolve (60 per cent).

The type of outcome sought by the person raising the complaint had a substantial effect on how straightforward the complaint was to resolve. Complaints that involved an apology (65 per cent) or acknowledgement (64 per cent) were considered the most straightforward to resolve. Outcomes that sought action from the service provider, particularly when the person was seeking relocation or transfer to another service (32 per cent) were identified as more complicated to resolve.

**Figure 14: Satisfaction with the management of complaints**  
Percentage of complaints.

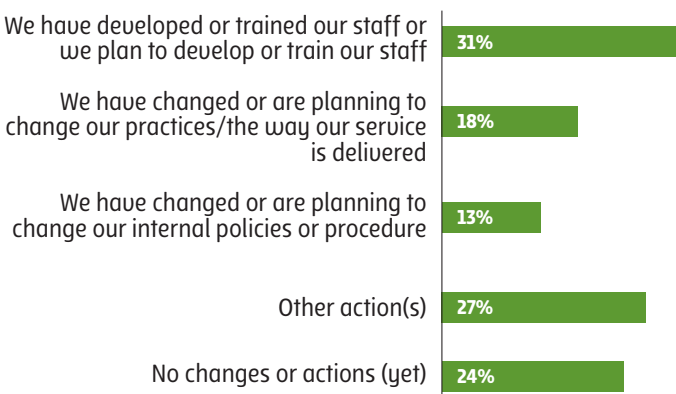


### Actions taken as a result of complaints

Figure 15 shows that the most common actions service providers had taken or planned to take as a result of the complaint was the development or training of staff (31 per cent) followed by changing practices or the way services are delivered (18 per cent) and changing internal policies or procedures (13 per cent).

There were also a substantial proportion of complaints where ‘other actions’ were reported (27 per cent). These ‘other actions’ related to several broad themes including further investigation of the issue(s) through meetings or mediation with the person and related parties. There were also a substantial proportion of complaints where no action or changes had yet occurred (24 per cent).

**Figure 15: Actions taken as a result of the complaint\***  
Percentage of complaints, multiple response (n=1,644)  
*\*Categories that accounted for less than five per cent of complaints have not been shown in this Figure.*



# Resolving complaints to disability services providers

## Characteristics of complaints and people receiving services

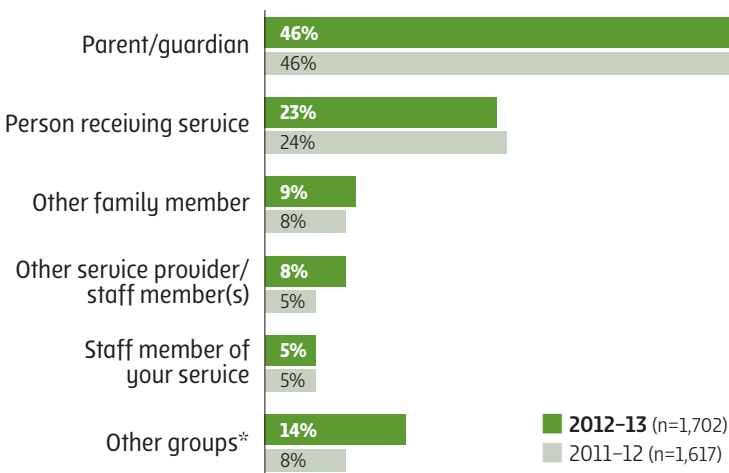
### Sources of complaints

Figure 16 shows that, similar to 2011–12, complaints were most commonly made by parents or guardians (46 per cent), people receiving services (23 per cent) and other family members (9 per cent). Other groups that lodged complaints less frequently were advocates (4 per cent), members of the public (3 per cent), friends or neighbours (2 per cent) and people who opted to complain anonymously (2 per cent).

**Figure 16: Most common sources of complaints**

Percentage of complaints.

*\* Denotes the inclusion of a new response option in 2012–13.  
‘Member of the public’ was added to ‘Other groups’.*



### Types of disability

The characteristics of people with a disability that were the subject of complaints were similar in 2012–13 and 2011–12. In this reporting year the most common types of disability were an intellectual disability (65 per cent) or a physical impairment (20 per cent). A smaller proportion of people had autism (14 per cent), a neurological impairment (14 per cent, up from 9 per cent in 2011–12), an acquired brain injury (6 per cent), a sensory impairment (6 per cent), developmental delay (2 per cent) or other disability or mental illness (5 per cent).

### Gender and age

More males (56 per cent) than females (40 per cent) were the subject of a complaint, while 4 per cent of complaints related to groups of males and females. The most common age groups were 26 to 35 years (22 per cent), 36 to 45 years (18 per cent), 19 to 25 years (17 per cent) and 46 to 55 years (14 per cent).

### Cultural background

Five per cent of people who were the subject of complaints identified as being from a diverse cultural and linguistic background while only one per cent identified as being from an Aboriginal or Torres Strait Islander background.



# Finance

## Financial statement for the year ended 30 June 2013

The Department of Human Services provides financial services to the Office of the Disability Services Commissioner.

The financial operations of DSC are consolidated into those of the Department of Human Services and are audited by the Victorian Auditor-General's Office. A complete financial report is therefore not provided in this annual report.

A financial summary of revenue and expenditure for 2012–13 is provided below.

The source revenue for DSC was the allocation of \$2,131,402 provided through the Department of Human Services.

## Operating statement for the year ended 30 June 2013

Government appropriation	\$ 2,131,402
<b>Total revenue</b>	<b>\$ 2,131,402</b>
<b>Expenses from continuing activities</b>	
Salaries	\$ 1,536,151
Salary on-costs	\$ 227,134
Supplies and consumables	\$ 283,580
External services delivered	\$ 17,364
Indirect expenses (includes depreciation and long service leave)	\$ 74,398
<b>Total expenses</b>	<b>\$ 2,138,627</b>
<b>Net result for the year</b>	<b>\$ - 7,225</b>

# Compliance and accountability

## **Information Privacy Act 2000**

DSC is an organisation covered under section 9 of Victoria's Information Privacy Act. DSC complies with the Information Privacy Act in its collection and handling of personal information.

## **Freedom of Information Act 1982**

Victoria's Freedom of Information Act provides members of the public the right to apply for access to information held by ministers, state government departments, local councils, public hospitals and statutory authorities.

The Freedom of Information Act allows people to apply for access to documents held by an agency, irrespective of how the documentation is stored. This includes but is not limited to paper and electronic documents. The majority of freedom of information requests relate to individuals asking for access to, or correction of, documents relating to their personal affairs held by the agency.

Seven freedom of information requests were received by DSC for the year in review. All requests were made pursuant to section 39 of the Freedom of Information Act for amendments to records held by DSC.

## **Charter of Human Rights and Responsibilities Act**

Victoria's Charter of Human Rights and Responsibilities Act sets out individuals' civil and political rights and freedoms and the responsibilities that go with them.

DSC complies with the legislative requirements outlined in the Charter of Human Rights and Responsibilities Act and gives consideration to human rights when dealing with enquiries and complaints.

## **Application and operation of the Whistleblowers Protection Act 2001 and the Protected Disclosure Act 2012**

### **Whistleblowers disclosures for the period 1 July 2012 to 9 February 2013**

During the operation of Victoria's Whistleblowers Protection Act DSC did not receive any disclosures of improper conduct of public officers or public bodies.

### **Protected Disclosures Act 2012**

Victoria's Protected Disclosures Act came into effect on 10 February 2013, replacing the Whistleblowers Protection Act. The Protected Disclosures Act provides for the disclosure of improper conduct by public bodies and public officials and the protection for those who come forwards with a disclosure. It also provides for the investigation of disclosures that meet the legislative definition of a protected disclosure.

The main objectives of the Protected Disclosures Act are to:

- promote a culture in which individuals feel safe to make a disclosure
- protect makers of protected disclosures from adverse consequences
- provide a framework for investigating disclosed matters
- ensure that investigated matters are dealt with properly.

Improper conduct includes corrupt conduct and specified conduct. Specified conduct includes conduct that is not corrupt, but if proved, would constitute a criminal offence or reasonable grounds for dismissing or dispensing with, or otherwise terminating, the services of the officer who was, or is, engaged in that conduct.

### **Reporting system and contact persons**

Disclosures of improper conduct of DSC or its staff can be made verbally or in writing. Disclosures of improper conduct may be made to:

Independent Broad-Based  
Anti-Corruption Commission  
GPO Box 24234  
Melbourne Vic 3000  
Phone: 1300 735 135  
Fax: 03 8635 6444  
Email: [submit@ibac.vic.gov.au](mailto:submit@ibac.vic.gov.au)

Further information about the Protected Disclosures Act is available from the Independent Broad-Based Anti-Corruption Commission website at [www.ibac.vic.gov.au](http://www.ibac.vic.gov.au).

DSC is required to develop procedures under the Protected Disclosures Act. Once the procedures are finalised they will be published on DSC website.

### **Disability Services Commissioner**

Level 30, 570 Bourke Street  
Melbourne Victoria 3000

Enquiries and complaints: 1800 677 342  
(free call from landlines)

TTY: 1300 726 563

Office enquiries: 1300 728 187 (local call)

Fax: (03) 8608 5765

Twitter: @ODSCVictoria

Facebook: [www.facebook.com/DSCVic](http://www.facebook.com/DSCVic)

Skype: ODSC Victoria

[www.odsc.vic.gov.au](http://www.odsc.vic.gov.au)

